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SERIAL NUMBER 10/775,561	FILING OR 371(c) DATE 02/10/2004 RULE	CLASS 606	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 10557/291180
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APPLICANTS

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** CONTINUING DATA ****

This appln claims benefit of 60/446,209 02/10/2003

OK

** FOREIGN APPLICATIONS ****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

05/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>2/10</i> Examiner's Signature	Initials			

ADDRESS

30559

TITLE

Hip replacement incision locator

FILING FEE RECEIVED 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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